



# CUSTOMER SERVICE SURVEY

Mayor Scott W. Lang  
City of New Bedford

Please let us know how we are doing!

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## What was the nature of your contact with us today?

- ☐ General Information   ☐ Paying a Bill   ☐ Employment Information   ☐ Certificates (birth/death, etc.)  
☐ Permitting/Licensing Assistance   ☐ Passports   ☐ Other \_\_\_\_\_
- 

Check as appropriate:

Strongly Agree

Agree

Disagree

Strongly Disagree

No Comment

Staff was courteous and helpful.

☐☐☐☐☐

A timely response was provided.

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My overall experience was positive.

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Which department provided service? \_\_\_\_\_

Please indicate the name(s) of any staff person who served you: \_\_\_\_\_

As a result of your experience with us, do you have any service-related suggestions? \_\_\_\_\_

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Please share any additional comments below:

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Contact information (optional):

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Name

Address

City, State, Zip

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Email address

Telephone number

Date submitted: \_\_\_\_\_

Please return completed form to the survey collection box in the Personnel Dept., Room 212, 2<sup>nd</sup> Fl., City Hall.

*Thank you for helping us to serve you better!*